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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 sessionFOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Ecuador

The Executive Director recommends that the Executive Board approve the country programme of Ecuador for the period 1994-1998 in the amount of \$5 million from general resources, subject to the availability of funds, and \$16,450,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Ecuador's population has tripled over the past 40 years from 3.2 million in 1950 to 10.5 million in 1990. The Ecuadorean population is predominantly young, with one half under the age of 19 years, and predominantly urban. The proportion of urban population has almost doubled over the same period, from 28.5 per cent in 1950 to 55 per cent in 1990.

2. Notable progress was achieved in the provision of basic services in the 1980s in urban and rural areas in terms of the quality of housing, sanitation conditions and access to education. At the same time, Ecuadoreans have experienced an erosion in living standards: 1990 real disposable income at the household level was equivalent to that of 1975; and the real value of a 1990 minimum salary was equal to that of 1965. This situation places Ecuador among the countries of Latin America with a high proportion of families living in poverty. Data for urban areas reveal that 30.5 per cent of households are poor (under the poverty line) and among these 24 per cent are described as indigent (unable to purchase a basic food basket). Preliminary data on rural areas from household surveys suggest that three quarters of households are under the poverty line. In other words, more than half of the total households have incomes which fall below the poverty line.

3. The situation of poverty is reflected in the nutritional status of the population. A 1988 study revealed that 55.4 per cent of Ecuadorean children under the age of five years suffer from some degree of malnutrition and 9.7 per cent are moderately or severely malnourished. Chronic and global malnutrition are highest in the rural highlands and the rural coastal areas. Iron deficiency anaemia is a serious problem, affecting almost one quarter of preschoolers and well over half of girls and pregnant women. Resultant adverse effects include a predisposition to infections, low birth weight and premature births. Children between 6 and 25 months of age experience about seven episodes of diarrhoea each year. There is also a high incidence of respiratory tract infections. A vicious cycle of vulnerability to infection and malnutrition adversely affect normal growth. While the geographical disparities in levels of malnutrition are apparent, analysis shows that variables such as maternal education, living conditions and income levels are more important than geographical area alone in determining whether a child is likely to be malnourished.

4. According to the 1990 census conducted by the National Institute of Statistics, the infant mortality rate (IMR) has declined steadily throughout the 1980s and was estimated at 52 per 1,000 live births. The same census also indicated that the under-five mortality rate (U5MR) also declined, but at a slower rate, to 69 per 1,000 live births. These national averages, however, hide geographical disparities, as infant and child death rates are substantially higher in rural areas and those of the highlands in particular. The main causes of neonatal deaths, which account for 42 per cent of infant mortality and for which the rate has hardly changed in the last 30 years, are hypoxia, asphyxia and other foetal or infant respiratory complications.

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Additionally, in 1990 neonatal tetanus caused 5.2 per cent of all neonatal deaths. Key underlying factors are the situation of pregnant women and quality of and access to health services. In 1990, 70 per cent of deliveries in rural areas were without professional care, whereas in urban areas 80 per cent of births were attended by medical personnel. Both post-neonatal and child deaths are caused primarily by intestinal infections, acute respiratory infections (ARI) and nutritional deficiencies.

5. Maternal mortality has been decreasing steadily, reaching a rate of 120 per 100,000 live births in 1990. Two causes, toxæmia during pregnancy and haemorrhaging, which are largely preventable through adequate prenatal and post-natal care, represent over 50 per cent of these deaths.

6. Poverty and the lack of basic water supply and environmental sanitation services facilitated the onset and the spread of a cholera epidemic in 1991. It remains today an endemic disease in certain zones. Owing to rapid urban growth, overall access to public water supply systems in urban areas decreased by 3.5 per cent from 1982 to 1990 and only about half of rural homes have access to safe water. While the number and proportion of dwellings without sanitation facilities decreased by 24 per cent over the same period, over half of rural dwellings and 25 per cent of urban dwellings remain without such facilities.

7. The outreach and efficiency of the health sector is limited, with one third of the population lacking access to health services. Whereas the ratio of medical personnel to population has increased over the last decade, there is uneven distribution of human resources by area and by type of service. Fewer than 20 per cent of personnel are working in rural areas and only 25 per cent of personnel work in out-patient units such as health centres, sub-centres and health posts. Budget allocations are also inequitable: the percentage of resources allocated to hospitals increased from 61 to 65 per cent between 1985 and 1990. From the maternal and child health care perspective, this is highly inequitable since most health care for this group is delivered through health centres and sub-centres.

8. The erosion in income has had adverse effects on families. Many households have tried to cope with smaller salary incomes by shifting into informal sector activities; yet poor economic growth, widespread underemployment and low levels of remuneration for informal sector work have limited the family's ability to replace lost wage income. Increasingly more women, and indeed children, have entered the workforce to make ends meet. Measures of women's participation in the workforce are biased by narrow definitions, yet the 1990 census revealed a 20 per cent increase between 1982 and 1990. Women receive 16 per cent less in hourly wages than men. They are more likely to work in the informal sector and are more likely to face poor working conditions. Seven per cent of women in the country are heads of household; in urban areas this figure reaches 17 per cent, according to the Instituto Nacional de Empleo (INEM) (National Institute of Employment), although in reality it may be higher.

9. The 1990 census also revealed that 107,000 children 12 to 14 years of age were working in 1990, representing an increase of over 50 per cent of the 1982 figure. The vast majority reported work-weeks of over 20 hours. For the first time, the census information from 1990 counted a further 32,000 children, 8 to 11 years of age, who worked.

10. Although access to basic education is relatively high, the country faces serious problems of repetition and desertion. According to national averages, each student takes 1.2 years to finish each grade, or an average of 7.7 years to complete the six years of the primary cycle. It has been estimated that this results in a wastage of almost \$20 million annually.

11. While poverty and the need for children to work account in part for desertion, inefficiency and unequal quality of services are important factors contributing to grade repetition. Irrelevant and inappropriate content, scarcity of educational inputs, poorly qualified teachers, inefficient teaching practices, lack of information on educational outcomes and ineffective sector management are problems that contribute to low efficiency and inequity. Language barriers and the cultural gap between home and school also adversely affect the indigenous groups.

12. Overall, progress has been made in increasing coverage of preschool, day-care and early childhood development programmes. In 1990, more than 50 per cent of five-year-olds were enrolled in preschool, however the rate was 80 per cent in urban areas against 20 per cent in rural areas. Day care has become an increasing necessity given women's growing role in the workforce. Programmes integrating day care and nutrition implemented by the Ministry of Social Welfare and the National Institute of the Child and Family had achieved, by the end of 1992, a total coverage of about 250,000 children under six years old. However, the rapid expansion of these programmes has been achieved at the expense of quality of services. Funding for further expansion of these programmes is a problem.

13. In actions to implement the Convention on the Rights of the Child, Ecuador has revised its Juvenile Code and has undertaken imaginative efforts to involve children in the discussion and the fulfilment of their rights.

PROGRAMME COOPERATION, 1990-1992

Child health, nutrition and development

14. UNICEF cooperation in the current programme cycle has been in the areas of primary health care (PHC), basic education, children in especially difficult circumstances, women's development, area-based programmes and social policies.

15. The health sector activities were undertaken within the framework of the government strategy of the integral family health programme, which aims to expand health coverage within the context of PHC and with a focus on community

participation. In 1992, a health sector loan from the World Bank was approved to further expand this strategy. Through the efforts of the expanded programme on immunization (EPI) Inter-agency Coordinating Committee, national immunization coverage has reached 83 per cent for the anti-tuberculosis vaccine, 59 per cent for the combined diphtheria/pertussis/tetanus vaccine, 52 per cent for polio and 54 per cent for measles for children under one year of age, falling short of the national goal of 90 per cent coverage for each. However, UNICEF inputs have enabled a strengthening of the cold chain and have played a key role in communications, with UNICEF being the only agency to support communications activities. The cholera epidemic in 1991 provided the impetus to accelerate the establishment of community oral rehydration units, and by the end of 1992 the number had reached a total of 3,000, far exceeding the country programme goal. This, combined with a nationwide information and communications campaign, had an obviously positive effect in holding the cholera mortality rate to 1.5 per cent. Other child health actions were partly compromised by strikes in the health sector in 1991 and the distraction caused by the cholera epidemic. Delays in establishing national norms for the treatment of ARI paralysed activities for almost two years, but they have now been agreed upon, and training and other activities are under way.

16. The design and implementation of the Sistema Nacional de Vigilancia Alimentaria Nutricional (SISVAN) (National Food and Nutrition Surveillance System) have been realized. The country's critical malnutrition areas have been identified and mapped out and the results of the school height census were used to reorient the school feeding programme. Growth monitoring has been initiated in day-care centres. The sectoral ministries are contributing about 60 per cent of the cost of supporting the sectoral modules. UNICEF cooperation has primarily been in technical assistance, training and provision of computer equipment.

17. The coverage of day-care and early childhood development programmes has been extended to more than 250,000 children under six years old who live in areas of poverty. Support was provided for technical assistance, training programmes, development and production of materials, and weighing scales to facilitate the implementation of SISVAN in day-care centres. Observation of the programme in the poor urban areas of Guayaquil indicates that the programme is effectively providing a highly valued service in which the community is participating.

Basic education

18. Ecuador, with the help of World Bank and Inter-American Development Bank (IDB) loans in 1990 and 1992, respectively, has developed an approach to basic primary education to better respond to the needs and realities of poor urban and rural children. Within this context, UNICEF supported the establishment of three pilot "hub" schools, known as CEMs (Centro Educativo Matriz), and the experience was evaluated in late 1992. The results will be vital in guiding project implementation. Under a funds-in-trust agreement, UNICEF became a partner in the World Bank project, lending its technical assistance and experience in community participation and development to implement the

components of maintenance of school premises by the community, development of textbooks and training of teachers in their use. These measures are aimed at addressing the drop-out problem and the unequal quality of instruction. This project, which started in 1992, will run through 1998.

Children in especially difficult circumstances

19. UNICEF has been active in heightening awareness of and initiating and expanding programmes for children in especially difficult circumstances. UNICEF has supported a number of national mobilization activities, building on the children's elections on the Rights of the Child held in 1990. These included a national campaign entitled "The Great Accord" which focused on mistreatment of children and violence against them, a widespread problem as revealed by studies undertaken by UNICEF in cooperation with non-governmental organizations (NGOs). UNICEF has also expanded its alliance in this area, teaming up with a private bank and a supermarket chain to support a fund-raising campaign - "Your change - for change" - the proceeds of which support NGO actions for street children and working children.

20. With the aim of bringing about a positive change in the environment of State institutions, support for training courses on institutional openness and humanization for personnel working in these institutions was provided. Play and learning areas in orphanages were also provided, along with curriculum and teaching manuals. The impact of these activities was evaluated in late 1992. Support was also provided to organizations undertaking programmes for working children to expand the outreach and improve programme content.

Promotion of women

21. Support for income-generating opportunities for women in rural and marginal urban areas has benefited about 6,000 poor women. An evaluation undertaken in mid-1992 pointed out a number of shortcomings, together with recommendations for remedy. One aspect, which applies to UNICEF cooperation in general, relates to some problems encountered in working with NGOs. The evaluation points to the need for establishing adequate mechanisms to ensure smooth implementation of project activities undertaken with these allies. Another aspect was negative environmental factors, such as a family working with lead in close proximity to their children. This underlines the importance of environmental awareness in all areas of UNICEF cooperation. Important studies were undertaken in collaboration with the National Centre for Social and Educational Investigation on the attitudes of teachers towards their male and female students and on stereotypes contained in school textbooks. The findings are helping to guide the revision of textbooks and the training of teachers within the World Bank and IDB projects.

Social policies

22. With additional funding made available through the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC), UNICEF has played a strong supportive role in social policy development and planning. This

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included support for a number of analytical studies on poverty, adjustment and social policy, which provided data for advocacy activities. National staff were trained in survey methodology and analysis of results for the permanent household survey system. The training of Consejo Nacional de Desarrollo (CONADE) (National Development Council) personnel in the management and evaluation of social projects, computer software application and social management has been supported. These efforts laid the groundwork for development of the national programme of action (NPA), which provides the framework for strengthening social policies and social programmes leading ultimately to achieving the national goals.

Area-based programmes

23. UNICEF cooperation has focused on poverty-stricken rural areas of the Andean highlands and the coastal province of Esmeraldas within the subregional PROANDES programme reported upon in E/ICEF/1993/P/L.28, and in the peripheral urban areas of Quito and Guayaquil.

24. One quarter of a million rural inhabitants in 291 communities located in five of the most disadvantaged provinces of the highlands and coast benefited from services provided through PROANDES, which included health, nutrition, education, early childhood development, water supply, sanitation and food production. The cultural make-up of these communities, mainly Quechua and of African origin, required a participatory development approach sensitive to, and respectful of, their cultural identity. The programme was successful in bringing together grass-roots and State organizations to expand the delivery of services to these often forgotten communities.

25. In Quito, UNICEF assistance, focused on the poorest areas, is complementary to the public services of the municipality of Quito. Health units were upgraded with medical equipment and supplies and health education activities were promoted through an entertaining open-air theatre held in the different barrios (neighbourhoods, usually slums). Water systems, latrine construction and the organization of garbage disposal were supported. In Guayaquil, health workers received training, support was provided for house-to-house vaccination and a campaign to promote breast-feeding was undertaken. In both cities, the cholera epidemic prompted activities related to safe treatment of water, hygienic practices and treatment of cholera.

Emergencies

26. In 1991, UNICEF mobilized, in conjunction with other agencies of the United Nations system, to combat the cholera epidemic that affected all 21 provinces of the country. In early 1992, the El Niño current brought devastating flooding to the coastal area, affecting particularly the city of Guayaquil and provinces of El Oro and Manabi. The UNICEF response focused on the provision of medicines, safe water and health education activities.

Lessons learned

27. In a country which has local resources available for social programmes, the role of UNICEF in supporting demonstration and pilot actions to provide technical assistance and to help guide social policy has been validated. For example, UNICEF support to pilot education centres and their evaluation has created opportunities for UNICEF to support and influence major social development programmes outside the scope of UNICEF funding.

28. At the macroplanning level, the establishment of goals for the year 2000 and the identification of strategies and programmes within the NPA have assisted all social actors in better defining and elaborating appropriate programmes. At the microlevel, a thorough understanding of ethnic and cultural beliefs and practices is imperative to generate genuine community participation and guarantee sustainability of activities.

29. The success of imaginative efforts to create openings for children to learn about and to participate in social issues and child rights issues is demonstrative of the opportunities to build a broader base for social mobilization for and of children.

RECOMMENDED PROGRAMME COOPERATION, 1994-1998

Recommended general resources: \$ 5,000,000

Supplementary funding: \$16,450,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds b/</u>	<u>Total</u>
Health	1 000	2 700	3 700
Basic education	670	1 500	2 170
Area-based services	600	2 000	2 600
Social planning	500	-	500
Advocacy and social mobilization	500	-	500
Nutrition	400	1 500	1 900
Early childhood development	200	1 250	1 450
Children in especially difficult circumstances	200	2 500	2 700
Women in development	200	2 500	2 700
Water supply and sanitation	-	2 500	2 500
Programme support	<u>730</u>	<u>-</u>	<u>730</u>
Total	<u>5 000</u>	<u>16 450</u>	<u>21 450</u>

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

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Programme preparation process

30. The preparation of this programme of cooperation occurred at the juncture of a new administration for the period 1992-1996 and therefore has paralleled the elaboration of the national development plan for the same period. The usual steps in programming were adapted to fit in with the electoral timetable. An analysis and prognosis of the overall socio-economic trends affecting the situation of women and children entitled Children's Well-being in Ecuador: a Status Report 1992 was prepared. This document was used in defining programme focus and strategy and will continue to be used for advocacy purposes with the new authorities. The NPA that was prepared in December 1991 also represented the major point of reference for the establishment of areas of cooperation, the selection of strategies and the setting of objectives. This was complemented by recommendations from the mid-term review held in late 1991, an internal UNICEF strategy meeting held in March 1992 and various meetings and/or workshops held with government authorities, NGOs and agencies of the United Nations system working in the social sector. In direct collaboration with CONADE and the Ministries of the Social Front, the country programme was designed to support and complement national actions for the achievement of the NPA goals. In view of the favourable response of various donors and the accelerated implementation of the current country programme, the amount of supplementary funds has been increased in the new country programme to allow the expansion of the activities to be initiated with general resources.

Programme goals, objectives and strategy

31. Through the country programme, the Government and UNICEF will seek to contribute to the broader efforts for social and human development and, within that context, to focus on the particular concerns of children and women as both beneficiaries and participants in the national development process. Efforts to achieve these goals are part of a more extensive national development process involving Ecuadorean society at large as well as other international, bilateral and local agencies and organizations, both governmental and non-governmental, and the private sector. This programme, therefore, seeks to interact with other child survival, protection, development and participation activities being undertaken by other parties that also aim to advance the well-being of children and women in Ecuador.

32. The overall goals for 1994-1998 are to improve child survival by (a) reducing IMR and U5MR to 38 and 60 per 1,000 live births, respectively; (b) reducing the maternal mortality rate to 115 per 100,000 live births; (c) reducing moderate and severe malnutrition by 40 per cent; (d) making qualitative improvements in early childhood development, preschool and primary education programmes, with special emphasis on economically and ethnically disadvantaged groups; and (e) fostering genuine respect for children's rights and participation, as well as for women's rights and participation. In respect of these goals, the emphasis will be on expanding and improving the programme focus on disadvantaged children and women in remote rural locations and underserved urban areas within the area-based programmes.

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33. The strategy has been developed to complement the support provided by other major donors in the social sector, including the World Bank, IDB, the United States Agency for International Development (USAID), the Cooperative for American Relief Everywhere, Inc. (CARE) and other agencies of the United Nations system. The programme strategy emerges from the experience of prior cooperation while taking into account current policy. It responds to the needs for increasing service access, improving the quality of services and expanding economic opportunities for the poor, especially women. In addition, the strategy is to assist in the building of national and local institutions and the strengthening of NGOs in their planning and delivery capacities; the empowering of communities, families and women through relevant knowledge and skills and the promotion of participation; and better use of knowledge and data on children and women in social planning. The programme also envisages promoting environmental awareness and seeking environmentally sustainable development options.

34. The programme will address the immediate causes of child and maternal deaths, malnutrition and ill-health through interventions for disease reduction and control. It also aims to relieve the underlying causes with respect to access to water supply and sanitation services and knowledge for improved child care. It will seek to bring about qualitative improvements in the areas of early child development and basic education and will highlight the special needs and circumstances of poor women, working children and children disadvantaged in other ways, as well as economically and ethnically disadvantaged groups. Participatory development in disadvantaged areas will be promoted through the subregional PROANDES programme in the rural areas of six provinces that reflect the greatest disparities in social indicators, and in disadvantaged urban areas of the country's two major cities, Quito and Guayaquil.

Health

35. The health programme will aim to reduce significantly morbidity and mortality among children and women by 1998. In addition to providing support to surpass and maintain a 90 per cent immunization coverage, the goals of eliminating polio and neonatal tetanus by 1995 will be supported through training, maintenance of the cold chain, provision of needles and syringes, support for epidemiological surveillance and production of educational and communications materials. The two primary causes of infant and child mortality - diarrhoeal diseases and ARI - will be the target of health education and other programme interventions. These will include training of health and community personnel, promotion of breast-feeding, proper weaning and hygiene practices, continuation of the implementation of community oral rehydration units and educational campaigns.

36. Maternal and child health will be promoted further through the nationwide implementation of the "baby-friendly" hospital initiative through a focus on expanding antenatal and post-natal care. A public education effort will be undertaken on other health topics of concern, such as acquired immune deficiency syndrome (AIDS) and infection with the human immunodeficiency virus

(HIV), and substance abuse. This will be achieved through the production of short three-minute animated spots featuring a cartoon character, "Maximo", who narrates stories with a health education moral. While these spots will be produced within the Ecuador country programme, they would be designed for use in other parts of Latin America.

Basic education

37. UNICEF cooperation will contribute to improving the quality and relevance of primary education, thereby reducing repetition and desertion rates. To this end, UNICEF is complementing the World Bank-funded project for improving the efficiency and quality of basic primary education in low-income urban areas from 1992-1998 through the provision of technical and administrative assistance for the development and production of textbooks, training of teachers in their use and involvement of parents and communities in the maintenance of the schools.

38. UNICEF will also seek supplementary funding to expand the strategy adopted by the country to improve the quality and efficiency of primary education to the five provinces of the Amazon region through the establishment of one CEM (a central school serving as a resource centre for a number of satellite schools) in each province, benefiting about 5,000 students.

Area-based services

39. In urban areas, social mobilization and advocacy will be undertaken countrywide to co-opt mayors and the municipalities as defenders of children's rights and consequently to work for the achievement of NPA goals. In the two largest cities of Quito and Guayaquil, UNICEF will continue to support community development activities and the provision of basic services to benefit 60,000 families. This will be done in collaboration with sectoral and municipal agencies and the community, with an emphasis on areas unreached by the regular sectoral or municipal services.

40. The delivery of basic services to disadvantaged rural areas will be undertaken within the Ecuador country component of the subregional PROANDES programme described in document E/ICEF/1993/P/L.28. This second phase of PROANDES will consolidate actions already undertaken and expand the delivery of services to neighbouring communities in the provinces of Cañar, Chimborazo, Cotopaxi, Esmeraldas and Pichincha. New actions will be initiated in El Oro and the northern part of Esmeraldas. PROANDES will seek to alleviate oppressive poverty in a total of 384 communities with a total coverage of about 500,000 people. Drawing from the lessons learned in the first phase of the programme, planning and implementation will be based on active community involvement and will take into consideration the cultural characteristics of the communities. Greater attention will also be paid to income-generating activities at the family level - including agriculture, small-scale manufacturing and handicrafts - to respond to local level concerns.

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Social planning and advocacy

41. UNICEF will provide training and advisory and research support for intersectoral policy formulation and planning in key areas for children. Technical assistance for the operation of a database for monitoring progress towards the decade goals will be supported.

42. Advocacy activities will promote issues related to child survival, protection and development, with a view to generating a broad-based ethic of commitment and support for children's rights and the elimination of all forms of discrimination against women. Children's participation will continue to be an important element in, and catalyst for, social mobilization in these areas. This advocacy will be complemented by concrete actions within each programme area.

Nutrition

43. This programme will support the reduction of moderate and severe malnutrition by 40 per cent; the reduction of low birth weight by 10 per cent; and the reduction of anaemia in pregnant women by 20 per cent and in children under two years of age by 40 per cent. The promotion of exclusive breast-feeding for the first four months and institutionalizing growth monitoring will contribute to the achievement of the nutrition goals. Support will also be provided for food and nutrition surveillance, nutrition education and activities in micronutrient deficiencies.

Early childhood development and preschool education

44. UNICEF will support national efforts to improve the quality and efficiency of early childhood development programmes, and their subsequent expansion, in two respects. Firstly, training will be supported through the development of training materials and the training of trainers, paying special attention to in-service training requirements and enabling personnel to recognize and deal with physical and learning disabilities. Secondly, monitoring will be strengthened, particularly at the level of the individual centre, through collaboration with SISVAN and through the use of simple monitoring tools at the community level. The needs of special groups such as indigenous children will be met through the undertaking of studies on groups with distinct needs and the adaptation of materials to respond to their specific needs.

45. As early childhood development is primarily a family responsibility, UNICEF will support the empowerment of parents and families with the knowledge and skills to meet the developmental needs of infants and toddlers. Channels will include radio, church groups, agricultural extension and the parental programmes of the urban school centres.

46. UNICEF will contribute towards the achievement of the NPA goal to extend preschool coverage to 90 per cent of children five years of age by assisting in the development and implementation of the strategy to mobilize private

sector support and funding for both formal and non-formal preschool programmes. UNICEF will stress augmenting preschool coverage in rural areas and institutional strengthening of the preschool department.

Children in especially difficult circumstances

47. The strategic approach to address the needs of working children, street children, children in institutions and those who are victims of abuse will include the promotion of a national policy in accordance with the Convention on the Rights of the Child. It will seek to foster the coordination of NGOs, the convergence of services and the involvement of the private sector, engendering the participation of children in such programmes and promoting the role of the family in preventive and remedial activities. Studies will be supported to identify actions specifically for the girl child and for children in rural areas whose difficult circumstances are less visible. UNICEF will work in unison with government authorities, NGOs and the private sector to improve the situation of these children in difficult circumstances and to undertake preventive actions where appropriate.

Women in development

48. Women's issues and gender analysis will be systematically strengthened in all sectoral programmes. Specific advocacy measures will be supported, looking not only at the role of women, but at the role and attitudes of men to bring about improvement in the status and situation of women and to advance compliance with the Convention on the Elimination of All Forms of Discrimination against Women. Support will be provided to the education sector to promote and achieve non-sexist education by eventually removing gender insensitive materials and by changing attitudes and modifying behaviour within the education system. Specific actions will be supported for developing life skills with respect to empowerment for access to and use of existing services and skills for employment opportunities within the labour market, complementing the programme activities of area-based programmes.

Water supply and sanitation

49. UNICEF will support the strengthening of national capacity to facilitate prioritization of interventions and identification of appropriate technologies for different zones at policy and planning levels. The construction of water supply systems and latrines will be supported, seeking operational community-level involvement in planning, execution and the maintenance of systems. This will be accompanied by health and environmental sanitation education activities.

Management, monitoring and evaluation

50. The cooperation programme will strengthen the capacity of institutions and service delivery mechanisms through human resource and systems development. Community participation in the planning, management and maintenance of services and local resources will form the cornerstone of

implementation and will involve appropriate local contributions of time, labour, funds and materials. Water supply and sanitation and area-based programmes in urban and rural areas in particular will promote the creation of environmentally sound, sustainable development processes within communities.

51. In view of the Government's objective to reduce the role of central government and to increase the role of NGOs and the private sector in the delivery of social services, the country programme will depend on participatory and coordinated planning, and will rely, where appropriate, on the capacity of NGOs to deliver services effectively.

52. Subject to the availability of funds, a UNICEF programme officer will be responsible for providing technical assistance and operational support for development, implementation and monitoring in the programme areas. Programme and project plans of action will be drawn up annually by counterpart ministries and agencies jointly with UNICEF staff. These plans will be approved by inter-institutional committees established for each programme area comprised of the sectoral ministry, other implementing partners as applicable, and UNICEF. These committees will review the progress at mid-year and review implementation at the end of each year, at which time the next year's plan of action is approved. Within UNICEF, details of project plans of action and inputs will be programmed and monitored and problems will be identified through field visits, meetings with counterparts and field reports, and necessary remedial action will be taken. A comprehensive mid-term review will be conducted in 1996. As an input into the preparation of the next cycle of UNICEF cooperation, key themes or programmes will be evaluated in the latter half of the five-year period to determine their relevance for future continuation.

Coordination with other agencies

53. The design of the programme takes into account the ongoing programmes supported by other major donors, including agencies of the United Nations system, the World Bank and IDB (basic education, health, nutrition and social investment), USAID (child survival) and CARE (water supply and sanitation), among others. Close cooperation will continue to be maintained with the United Nations Development Programme (UNDP) and other United Nations agencies in the overall coordination of programmes at the country level. An effective mechanism for coordination exists in the health sector through the Inter-agency Coordinating Committees for EPI, the control of diarrhoeal diseases, ARI, and one proposed for AIDS. There is also an Inter-agency Committee for the Ecuadorean Woman, of which the United Nations Educational, Scientific and Cultural Organization, the United Nations Development Fund for Women, the United Nations Population Fund, UNDP, the World Health Organization/Pan American Health Organization (WHO/PAHO), the Food and Agriculture Organization of the United Nations, the World Food Programme, USAID, and Canadian, Dutch and Spanish cooperation agencies are members.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

<u>Ecuador</u>		<u>(1991 and earlier years)</u>		<u>UNICEF country classification</u>	
Under-five mortality rate	82	(1991)	High USMR		
Infant mortality rate	59	(1991)	High IMR		
GNP per capita	\$ 1020	(1991)	Lower-middle GNP		
Total population	10.8 Million	(1991)			
KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	260	298	326	329
Infant deaths (under 1)	(Thousands)	26	23	20	19
Under-five deaths	(Thousands)	37	32	27	27
Under-five mortality rate		143	107	84	82
(per 1,000 live births)					
Infant mortality rate (under 1)		101	76	60	59
(per 1,000 live births)					
		About 1980	Most recent		
Underweight children (under 5)	Moderate & severe	..	17		
(% weight for age, 1987)	Severe	..	0		
Babies with low birth weight		10	11		
(%, 1980/1988)					
% of primary school children		50	55*		
reaching final grade, 1980/1988)					
NUTRITION INDICATORS		About 1980	Most recent		
Mothers breast-feeding at 3/6/12 months		86 / 74 / 48	84 / 73 / 57		
(%, 1979/1987)					
Prevalence of wasting (%, 1987)		..	4		
Prevalence of stunting (%, 1987)		..	39		
Daily per capita calorie supply		..	105		
(% of requirements, 1988-1990)					
Food production per capita index		101	99		
(Index 1979-1980=100, 1980/1991)					
Household expenditure	All food/cereals		30 / ..		
(% of total income, 1980-1985)					
HEALTH INDICATORS		About 1980	Most recent		
ORT use rate (%, 1991)			70		
Access to health services	Total	18	75		
(% of population, 1980/1988)	Urban/rural	.. / ..	92 / 40		
Access to safe water	Total	45	58		
(% of population, 1980/1990)	Urban/rural	82 / 16	75 / 37		
Access to adequate sanitation	Total	47	67		
(% of population, 1980/1990)	Urban/rural	73 / 17	98 / 38		
Births attended by trained personnel		..	56*		
(%, 1990)					
Maternal mortality rate		220	300		
(per 100,000 live births, 1978/1990)					
Immunization		1981	1985	1990	1991
One-year-olds (%) immunized against:	Tuberculosis	82	99	88	83
	DPT	26	41	68	59
	Polio	19	39	67	62
	Measles	31	54	61	54
Pregnant women (%) immunized against:	Tetanus	4	..	5	..

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TABLE 1 (continued)

Ecuador

EDUCATION INDICATORS		About 1980		Most recent		
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	113 / ..		118 / ..		
	Male	115 / ..		118 / ..		
	Female	111 / ..		117 / ..		
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	51 / ..		56 / ..		
	Male	51 / ..		55 / ..		
	Female	51 / ..		57 / ..		
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	72		86		
	Male/female	75 / 68		88 / 84		
Radio/television sets (per 1,000 population, 1980/1990)		289 / 62		315 / 83		
DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Thousands)	6051	8123	10547	10800	13090
Population aged 0-15 years	(Thousands)	2908	3749	4384	4437	4832
Population aged 0-4 years	(Thousands)	1090	1311	1487	1499	1572
Urban population (% of total)		40	47	56	57	65
Life expectancy at birth (years)	Total	58	63	66	66	68
	Male	56	61	64	64	66
	Female	59	65	68	68	71
Total fertility rate		6.4	5.1	3.9	3.8	3.0
Crude birth rate (per 1,000 population)		43	37	31	31	27
Crude death rate (per 1,000 population)		12	9	7	7	6
		About 1980		Most recent		
Contraceptive prevalence rate (%, 1979/1989)		35		53		
Population annual growth rate (%, 1965-1980/1980-1990)	Total	3.1		2.6		
	Urban	5.1		4.4		
ECONOMIC INDICATORS		About 1980		Most recent		
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		5.4		-0.3		
Inflation rate (%, 1965-1980/1980-1990)		11		37		
Population in absolute poverty	Urban/rural	.. / ..		40 / 65		
(%, 1987)						
Household income share	Top 20%/bottom 40%	.. / ..		.. / ..		
(%)						
Government expenditure (% of total expenditure, 1987)	Health/education	.. / ..		7 / 25		
	Defence	..		12		
Household expenditure	Health/education	5 / 5		.. / ..		
(%, of total income, 1980-1985)						
Official development assistance: (1980/1991)	\$US millions	46		208		
	As % of GNP	1		2		
Debt service		19		27		
(%, of goods and services exports, 1980/1990)						

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1993 ^{a/}

COUNTRY: ECUADOR

LATEST BOARD APPROVAL: 1990

GENERAL RESOURCES: \$3,613,000

(In thousands of United States dollars)

Programme sectors/areas	TOTAL									
	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		General resources	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned
Health	392	378	136	206	118	13	668	385	1314	851
Household food security and nutrition	112	13	79	38			282	190	473	430
Water supply and sanitation	9	111	3	15			35	575	47	119
Education	27	55	9	119	10		222	225	268	435
Community organization and development		12		7			66			45
Young child development	29	78	186	62	17		317	193	549	653
Women-centred programme		36	74	175		87	48	305	122	290
Children in especially difficult circumstances		58		213		79	24	541	24	90
Social mobilization and advocacy	7	39	10	62	4		230	75	251	260
Planning and social statistics	20	16	71	38	9		640	52	740	404
Programme support	1	14			139	363	112	451	252	236
Emergency	208	35					15		223	236
GRAND TOTAL	805	845	568	935	297	542	2593	3058	4263 b/	4049 c/
									5380 b/	8204
										9643
										12253

GR = General resources.

FSF = Funded supplementary funding.

SF = Supplementary funding, funded and unfunded.

^{a/} Actual expenditure includes expenditure recorded as of 17 December 1992.^{b/} Including expenditure from global and regional funds.^{c/} Including \$236,000 allocations from the Emergency Reserve Fund.

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TABLE 3. PLANNED EXPENDITURE, 1994 - 1998

(In thousands of United States dollars)

Country: ECUADOR Period covered: 1994 – 1998	Funding status	1994	1995	1996	1997	1998	Total
Health	GR	200	200	200	200	200	1000
	NSF	540	540	540	540	540	2700
Nutrition	GR	80	80	80	80	80	400
	NSF	300	300	300	300	300	1500
Water supply and sanitation	NSF	480	490	500	510	520	2500
Basic education	GR	124	129	134	139	144	670
	NSF	300	300	300	300	300	1500
Urban basic services	GR	120	120	120	120	120	600
	NSF	400	400	400	400	400	2000
Early childhood development	GR	40	40	40	40	40	200
	NSF	250	250	250	250	250	1250
Women in development	GR	40	40	40	40	40	200
	NSF	500	500	500	500	500	2500
Children in especially difficult circumstances	GR	40	40	40	40	40	200
	NSF	550	540	505	460	445	2500
Advocacy	GR	100	100	100	100	100	500
Social planning	GR	100	100	100	100	100	500
Programme support	GR	156	151	146	141	136	730
TOTAL	GR	1000	1000	1000	1000	1000	5000
	NSF a/	3320	3320	3295	3260	3255	16450
GRAND TOTAL		4320	4320	4295	4260	4255	21450

GR = General resources.

NSF = New supplementary funding.

^{a/} This amount does not include new supplementary funding for the Andean subregional programme (PROANDES).

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ECUADOR

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ The posts excluding the Andean subregional programme (PROANDES) are effective 1 January 1994.
c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.

Annex

LIST OF STUDIES AND EVALUATIONS

1. Women, Employment and Poverty in Urban Areas of Ecuador. INEM-UNICEF-UNDP-017. May 1990.
2. Module of Unmet Basic Needs. UNICEF-INEM-UNDP-ILO. May 1990.
3. Health Care in Urban Areas of Ecuador: Analysis of the Health Module. UNICEF-INEM-UNDP-ILO. March 1990.
4. The Activities of Cisol with the Working Children in Loja. October 1990.
5. Evaluation of growth monitoring programmes in the country. March 1991.
6. Document on the History of Growth Monitoring Programmes in Ecuador. March 1991.
7. External Evaluation of the SAFLAC Project. October 1991.
8. A Survey on the Sexual Abuse of Children. UNICEF-DNI. June 1991.
9. Analysis of the Socio-educative Situation of Children in Protective and Rehabilitative Institutions. July 1991.
10. Working Children. A Testimonial Document from the Night Schools of Guayaquil. November 1990.
11. Opinion of the Children on Police and on Bus Drivers. UNICEF-CEDEJOTA. August 1991.
12. Working School-Children in Ecuador: The Case of Machala. December 1990.
13. Birth Weight of Children in Ecuador. February 1991.
14. Health Communication of Columbe, Province of Chimborazo. Traditional Medicine. June 1991.
15. Let's Paint Our Rights. A pilot experience. September 1991.
16. The Rural Child, Situation and Perspectives in the Provinces of PROANDES. March 1991.
17. Ecuador: Crisis, Adjustment and Social Policy in the 80s. June 1991.
18. Evaluation of Women in Development. July 1992.
19. Esmeraldas Project Evaluation. June 1992.

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20. Feasibility Study to Increase Water Supply in Cooperativa Francisco Jácome. July 1992.
21. Child Raising Patterns. August 1992.
22. Official School Textbooks and Discrimination Against Women. February 1992.
23. Children's Well-being in Ecuador: A Status Report 1992. UNICEF. October 1992.
24. Malnutrition and Socio-economic Conditions in Ecuador. CONADE-MEC-UNICEF-WHO/PAHO. July 1992.
25. First Height Census: Methodological Aspects and Results. CONADE-MEC-UNICEF-WHO/PAHO. July 1992.
26. Maternal Anthropometrical Indicators as Predictors of Low Birth-weight (in preparation).
27. Evaluation of the Institutional Openness and Humanization Project (in preparation).
28. Study of Women's Employment in Rural Areas. INEM (in preparation).
29. Evaluation of Pilot CEMs in Imbabura (in preparation).
